## OCT 0 5 2004 S

## PART B - FEE(S) TRANSMITTAL

end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

r Fax (7

(703) 746-4000

	INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	m should be used for transerspondence including the below or directed otherwises.	smitting the ISSI Patent, advance o in Block 1, by (		PUBLICATION FEE (if relification of maintenance fee a new correspondence address	equired). Blocks 1 through 5 es will be mailed to the curren ess; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
		90 08/06/2004			have its own certificate of mailing or transmission.			
	MARK A LAUE				Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
	6601 KOLL CENT	ER PARKWAY						
	SUITE 245	1.04566						
10/07	PLEASANTON, C 2004 AKELECH2 000000				Mark	,	(Depositor's name)	
01 FC	:2501	665.00 OP			The		(Signature)	
				9-	30-04	(Daie)		
	APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/037,747 11/09/2001			Theodore	R. O'Hagen	OHA-001	7397	
	TITLE OF INVENTION: LO	OAD TRANSFER SYSTEM	1 FOR PICKUP T	RUCK BED				
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$665		\$0	\$665	11/08/2004	
	EXAMINER		ART UNIT		CLASS-SUBCLASS			
	KEENAN, JAMES W			2	414-477000			
1	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE (B) RI				RESIDENCE: (CITY and STATE OR COUNTRY)			
					ed on the patent);     individual     corporation or other private group entity     government ayment of Fee(s):     A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to			
	Deposit Account Number (enclose an extra copy of						copy of this form).	
	5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).							
	The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
	(Authorized Signature)		(Date)	9-3	2 -14			
	This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandna, Virgi Alexandria, Virginia 22313	for reducing this burden, sl nia 22313-1450. DO NOT	11. The information 122 and 37 CFR O. Time will vary rould be sent to the SEND FEES OR	on is required 1.14. This co depending use Chief Infon COMPLETE	to obtain or retain a benefit I illection is estimated to take pon the individual case. Any mation Officer, U.S. Patent a D FORMS TO THIS ADDRI	by the public which is to file (as 12 minutes to complete, including to comments on the amount of the und Trademark Office, U.S. Dej ESS. SEND TO: Commissioner	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.